

Name  
in Full

No name

Burch

CERTIFICATE OF DEATH

Town

County

Died at

Bel Air

Charles

MARYLAND

Date

of death

1909

Month

Sep

Day

5

Age

Years

Months

Days

Sex

Male

Color or  
Race

Caucasian

Birth-  
place

Charles Co

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

James Ernest Burch

Father's  
Birthplace

Charles Co

Mother's  
Maiden Name

Emma T. Mudd

Mother's  
Birthplace

Charles Co

Name of person giving  
Information

James Ernest Burch

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Still Born

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Efferson  
Bel Air  
Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary A. Burch

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bel Air

Charles

Date

of death

1909

Month

Sep

Day

8

Years

Age

74

Months

Days

Sex

Female

Color or  
Race

Caucasian

Birth-  
place

Charles Co

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of ~~Wife~~ or  
Husband

Franklin Burch

Father's  
Name

Francis Reed Mills

Father's  
Birthplace

Charles Co

Mother's  
Maiden Name

Catherine E. Fowke

Mother's  
Birthplace

Charles Co

Name of person giving  
Information

P. R. Mills

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Atherosclerosis

How long

64

Immediate

Coronary Thrombosis

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

E. Sheppard

Bel Air

Mills

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary E. Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Irwin Town Charles County

MARYLAND

Date of death 1909 Sept Month 7 Day Age 69 Years

Sex Female Color or ~~race~~ African Birth-place St. Marys Co

Occupation Housewife Where Residing if not at place of death Charles Co

~~Married, Single~~ Widow Name of ~~wife~~ Husband Charlton H. Butler

Father's Name Don't know Father's Birthplace St Mary's Co Md

Mother's Maiden Name Mary E. Harris Mother's Birthplace St Mary's Co Md

Name of person giving Information Daniel W. Butler How related to deceased Son

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary Aproplexy How long 10 days.

Immediate Hemorrhage of Brain How long 6 hours.

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician J. L. Higdon. Address Maryside

Accident or Suicide yes



Name  
in Full

Thomas J. Chace

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Baltimore

Town

County

MARYLAND

Date

of death 1909

Month

Sept

Day

20

Age

Years

16

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Ind

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Thomas Chace

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Sarah Chace

Mother's  
Birthplace

Ind

Name of person giving  
Information

George Chace —

How related  
to deceased

Uncle

## CAUSES OF DEATH

4

Primary

Malvina

How long

Two weeks

Immediate

Acute Jaundice

How long

A few hours

Are the name, age, sex, color, data  
and place correctly given above?Signature of  
Physician

E. A. Morris

Address

Baltimore  
Ind

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Erving Dement.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Rison		County Charles		MARYLAND	
Date of death		Month Sep	Day 29	Age 3	Months 1	Days —	
Sex	Male			Color or Race	American		
Occupation	—			Birth-place	Rison, Md.		
Where Residing if not at place of death				—			
Married, Single or Widowed	Single			Name of Wife or Husband	—		
Father's Name	Frank Dement			Father's Birthplace	Charles Co.		
Mother's Maiden Name	Acha Wright			Mother's Birthplace	—		
Name of person giving Information	Frank Dement			How related to deceased	Father		

CAUSES OF DEATH

Primary	Membranous Orop	How long	2 days
Immediate	—	How long	—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Geo. C. Bicknell  
Rigah, Ind.

Accident or Suicide

—



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

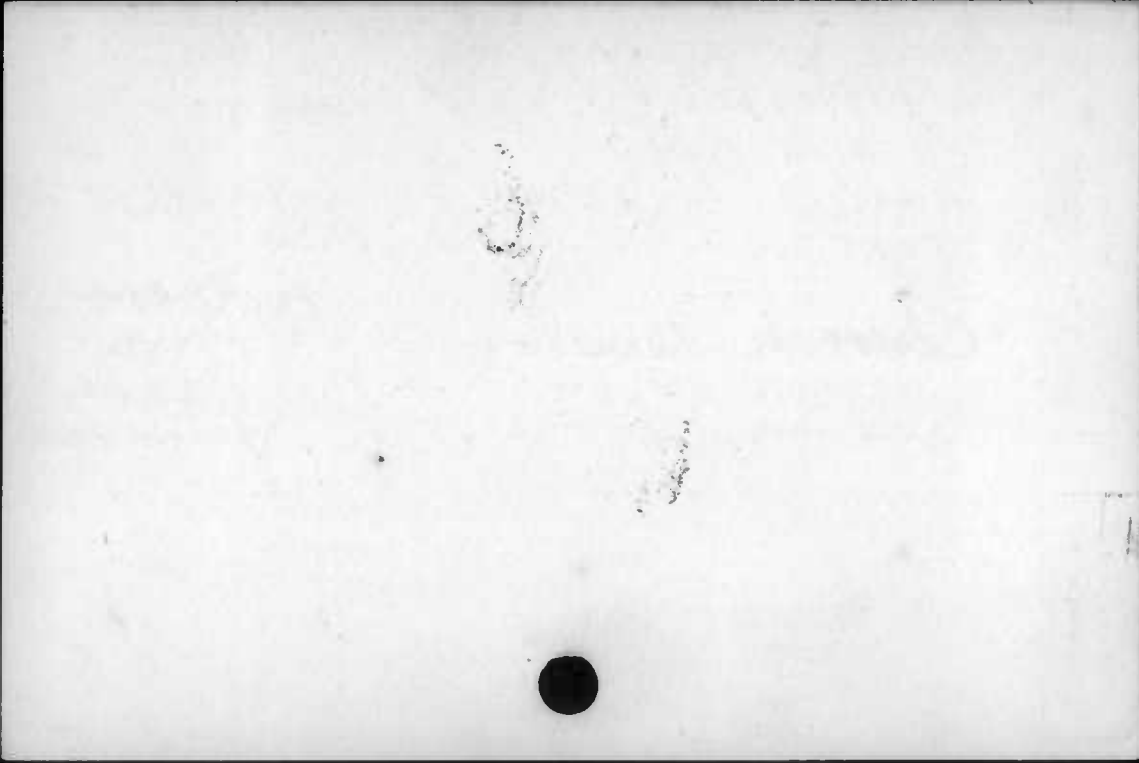
Died at <i>Chicamuxen</i>		Town <i>Charles</i>		County <i>Charles</i>		MARYLAND	
Date of death	1909	Month	Sep	Day	8	Age	Years 4
						Months 3	Days
Sex	<i>Female</i>		Color or Race	<i>American</i>		Birth-place	<i>Chas. Co. Md.</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>John F. Dement</i>					Father's Birthplace	<i>Chas. Co. Md.</i>
Mother's Maiden Name	<i>Achua E. Wright</i>					Mother's Birthplace	
Name of person giving information	<i>John F. Dement</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	<i>Ac. Broncho-Pneumonia.</i>	How long	<i>2 days</i>
Immediate	<i>Mem. &amp; Bronch. Group.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. O. Bicknell, M.D.</i>
		Address	<i>Wiegah, Ind.</i>
Accident or Suicide?	<i>No</i>		



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

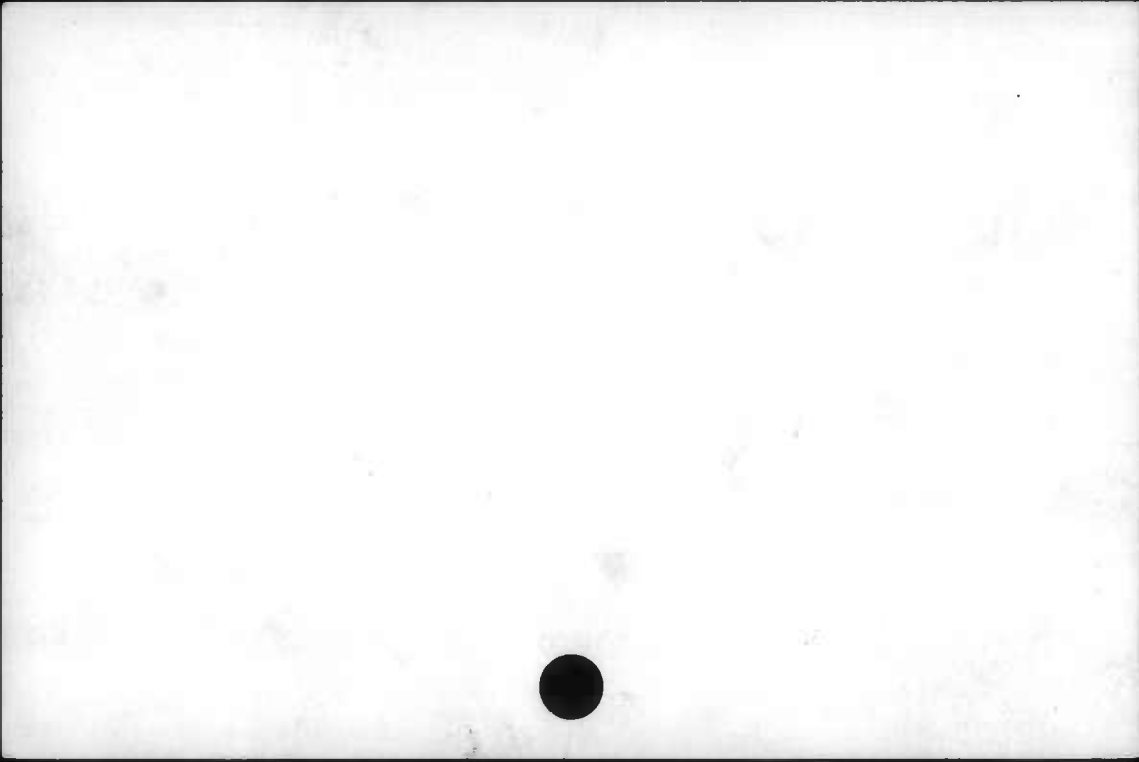
Chas E Derry  
Pommonkey  
County Chas  
Died at  
Date of death 1909 Sept 14 Age 42  
Sex male Color or Race Colored Birth-place London Pa.  
Occupation Barber Where Residing if not at place of death At home  
Married, Single or Widowed Married Name of Wife or Husband Elizabeth Derry  
Father's Name Chas Derry Father's Birthplace Pa.  
Mother's Maiden Name unknown Mother's Birthplace Pa.  
Name of person giving Information Chas Alley How related to deceased Grand son

CAUSES OF DEATH

123

PHYSICIAN  
OR CORONER

Primary Chronic Exfoliative Nephritis How long 9 years  
Immediate Cause Suppression of Urine How long 9 years  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician J. W. Mitchell M.D.  
Address Pommonkey Md.  
Accident or Suicide No



Name  
in  
Full

CERTIFICATE OF DEATH

Mary Ellen Dyer

Town

County

MARYLAND

Died at

Pennocky

Chances

Date

Month

Day

Years

Months

Days

of death

1909 Sept. 25

Age

23

Sex

Female

Color or  
Race

Colored

Birth-  
place

Pennocky Md.

Occupation

House maid

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Albert Dyer

Father's  
Birthplace

Pennocky Md.

Mother's  
Maiden Name

Anna Ruth Stewart

Mother's  
Birthplace

Port Tobacco

Name of person giving  
Information

Albert Dyer

How related  
to deceased

Sister

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis 18 Months

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

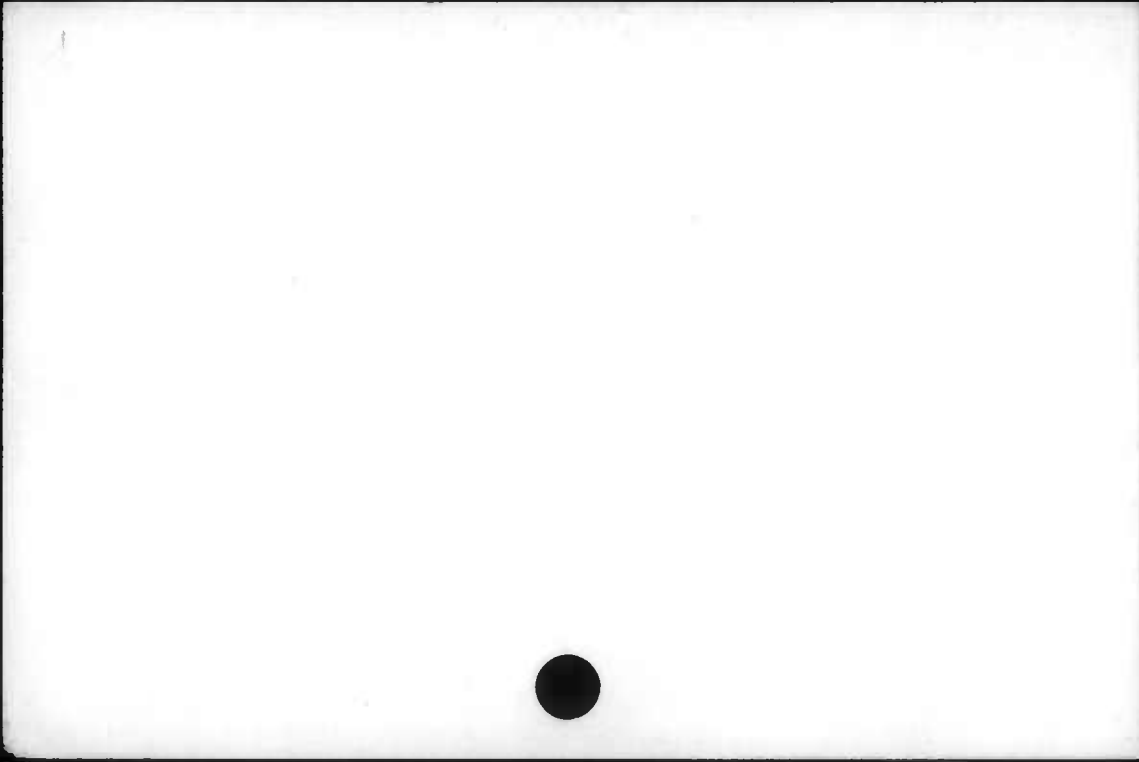
J. W. Mitchell M.D.  
Pennocky Md.

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Margaret Edelen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Wel come</i>		County <i>Chas</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		9	21			9	0
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Chas Co Md</i>			
Occupation <i>Wm</i>				Where Residing if not at place of death <i>" " "</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Wm</i>					
Father's Name <i>Earnie Edelen</i>				Father's Birthplace <i>Pouy George</i>			
Mother's Maiden Name <i>Louisa Garner</i>				Mother's Birthplace <i>Chas Co Md</i>			
Name of person giving information <i>Benton Garner</i>				How related to deceased <i>Uncle</i>			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>General weakness</i>	How long <i>9 mds</i>
Immediate <i>from Birth</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None</i>
Address <i>W.F. Prouner Sub</i>	
Accident or Suicide? <i>No</i>	

W. F. Browne  
Sun Bay

Name  
in  
Full

Edmund Garland.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sep	17	17			
Sex	Male		Color or Race	Colored		Birth-place	Charles Co. Md.
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Clifton Garland					Father's Birthplace	Virginia
Mother's Maiden Name	Georgiana Hawkins					Mother's Birthplace	Charles Co. Md.
Name of person giving Information	Wesley Carpenter					How related to deceased	None.

## CAUSES OF DEATH

Primary	Tuberculosis	How long	27	How long	20 mos.
Immediate		How long		How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Geo. C. Bicknell,  
Pisgah,  
Md.

Accident or Suicide



Name  
in  
Full

William J. Gordon Jr.  
Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at Popes Creek

Charles

Date of death 1909 Sep

Day

Age 1

Months

3

Days

Sex

Male

Color or  
Race

Caucasian

Birth-  
place

Charles Co Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

William J. Gordon

Father's  
Birthplace

Chesland Ohio

Mother's  
Maiden Name

Edith Evelyns

Mother's  
Birthplace

New York U.S.

Name of person giving  
Information

William J. Gordon

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Bronchitis Pneumonia

Immediate

Cerebral Failure

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

E. J. Turner

Bel Air Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

92

How long

5 days

How long

3 hours



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Robert Horowitz* Town *Indigo* County *Head* State *MARYLAND*  
Died at *Char*  
Date of death *1909* Month *Sept* Day *26* Age *72* Months  Days   
Sex *Male* Color or Race *White* Birth-place *Indigo*  
Occupation *Subor* Where Residing if not at place of death *at place of death*  
Married, Single or Widowed *Widowed* Name of Wife or Husband *Sullie Cornbr*  
Father's Name *John Robert Horowitz* Father's Birthplace *Ind*  
Mother's Maiden Name *Unknown* Mother's Birthplace *unknown*  
Name of person giving Information *Willie Horowitz* How related to deceased *son*

CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary *Ruptured* How long *8 years*  
Immediate *..* How long *6 months*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John Marshall*  
*Sub Reg*  
Accident or Suicide *No*





Name  
in  
Full

*Sallie Lucas*  
Town County

CERTIFICATE OF DEATH

Died at *Bryantown* *Chokes*

MARYLAND

Date of death 190 *9* Month *Sept* Day *16* Age *12* Years Months Days

Sex *Female* Color or Race *white* Birth-place *md*

Occupation *Student* Where Residing if not at place of death *from growth*

Married, Single or Widowed *single* Name of Wife or Husband *none*

Father's Name *Edmund Lucas* Father's Birthplace *md*

Mother's Maiden Name *Betty Swann* Mother's Birthplace *md*

Name of person giving Information *Joe Lucas* How related to deceased *Cousin*

CAUSES OF DEATH

Primary *Bright disease* How long *119* *6 weeks*

Immediate *Uremia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. B. Chapman* Address *Hughesville md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Shirley Ann Mahoney* +

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Bing* Town *Chambers* County  
Date of death *1909* Month *Sept* Day *2* Age *—* Years *—* Months *—* Days *—*  
Sex *Female* Color or Race *Colored* Birth-place *Ind*  
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*  
Father's Name *Henry Mahoney* Father's Birthplace *Ind*  
Mother's Maiden Name *Lottie Marshall* Mother's Birthplace *Ind*  
Name of person giving Information *Guyon Brauman* How related to deceased *Uncle*

CAUSES OF DEATH

Primary *Shirley Ann* How long *—*  
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*G. O. Mahoney*  
*Wardway*  
*Ind*

Accident or Suicide

Constitution



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

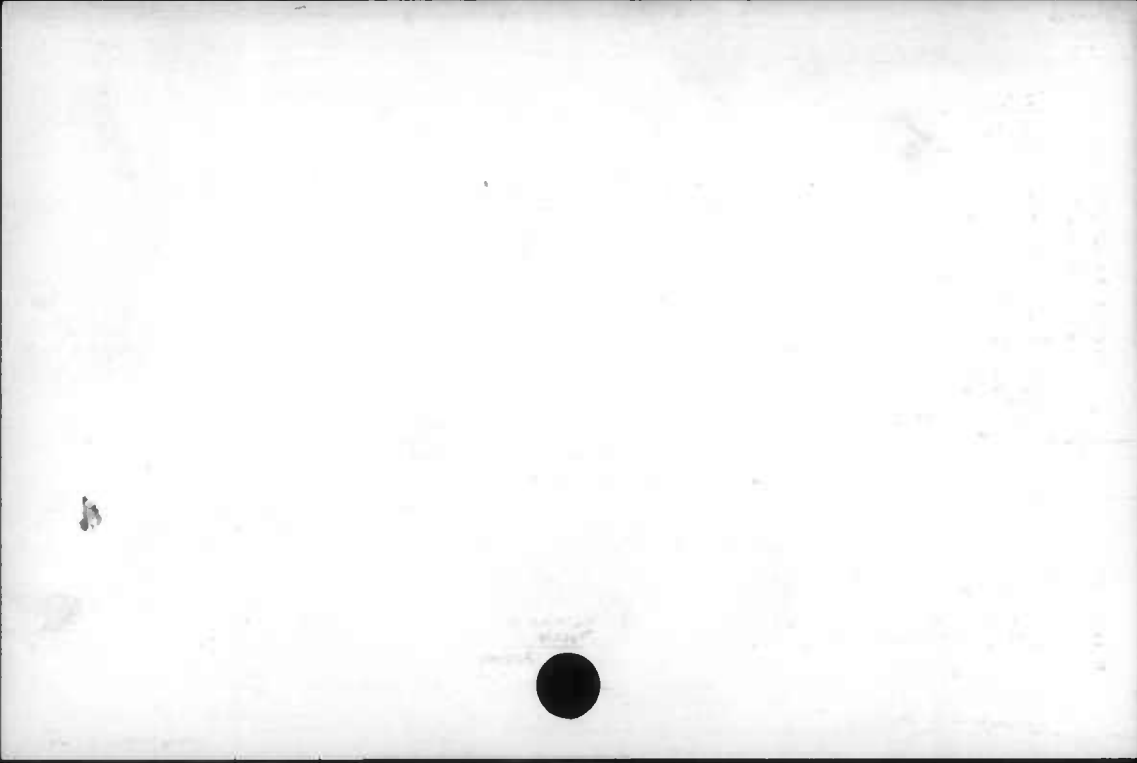
*Linumatus Murphy* +  
 Town *Bryantown* County *Charles* MARYLAND  
 Died at  
 Date of death *1909* Month *Sept* Day *26* Age *72* Years Months Days  
 Sex *Male* Color or Race *White* Birth-place *Ma*  
 Occupation *Farmer* Where Residing if not at place of death *place of death*  
 Married, Single or Widowed *Married* Name of Wife or Husband *Annie Murphy*  
 Father's Name *Josephine Murphy* Father's Birthplace *Ma*  
 Mother's Maiden Name *Sarah Jenkins* Mother's Birthplace *Unknown*  
 Name of person giving Information *Edward Murphy* How related to deceased *Son*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primery *Consumption* How long *10 mo*  
 Immediate *Eranion* How long *2 days*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. C. Chap. Peeler*  
 Address *Hughesville Ma*  
 Accident or Suicide *no*



Name  
in  
Full

Price.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Douglas</i>		County <i>Charles</i>		MARYLAND	
Date of death	1909	Month	Sept.	Day	5
Age		Years		Months	Days
Sex	Female		Color or Race	Black	
Occupation			Birth-place	Ind	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			George Price		
Father's Birthplace			Ind		
Mother's Maiden Name			Mary Gray		
Mother's Birthplace			Ind		
Name of person giving information			Rayman Gray		
How related to deceased			Brother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>		How long	<i>2</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>James M. Wheeler</i>		
Address		<i>Sub: Registrar</i>		
Accident or Suicide?				





Name  
in  
Full

Effie Rose

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Nanpimoy</i> Town		<i>Chas.</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Sept</i>	Day <i>5</i>	Years <i>20</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>md</i>		
Occupation <i>Servant (Household)</i>	Where Residing If not at place of death <i>worked in Washington</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Joseph Rose</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Maria Bryd</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>M. H. Rose</i>	How related to deceased <i>Brother</i>				

Phonetic Spelling.

## CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary <i>Taken sick in Washington with</i>	How long <i>about 1 week</i>
<i>cramps from eating organ</i>	
Immediate <i>brings home on boat in</i>	How long <i>a few hours after</i>
<i>dying condition died</i>	
Are the name, age, sex, color, and place correctly given above? <i>yes</i>	Signature of Physician <i>D. N. Speake md</i>
	Address <i>Grayton md.</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

*Lemuel Smoot* County

MARYLAND

Died at *Crabrodd* County

Date of death 1909 *Sept 7th* Age *7.9* Months 11 Days 16

Sex *Male* Color or Race *White* Birth-place *Crabrodd*

Occupation *Farmer* Where Reiding if not at place of death *Crabrodd*

Married, Single or Widowed *Widower* Name of Wife or Husband *Elizabeth Posner*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Elizabeth Posner* Mother's Birthplace *Chas Co. Ind*

Name of person giving Information *Randolph Smoot* How related to deceased *Son*

CAUSES OF DEATH

Primary *Cancer of Face*

How long *2 yrs.*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

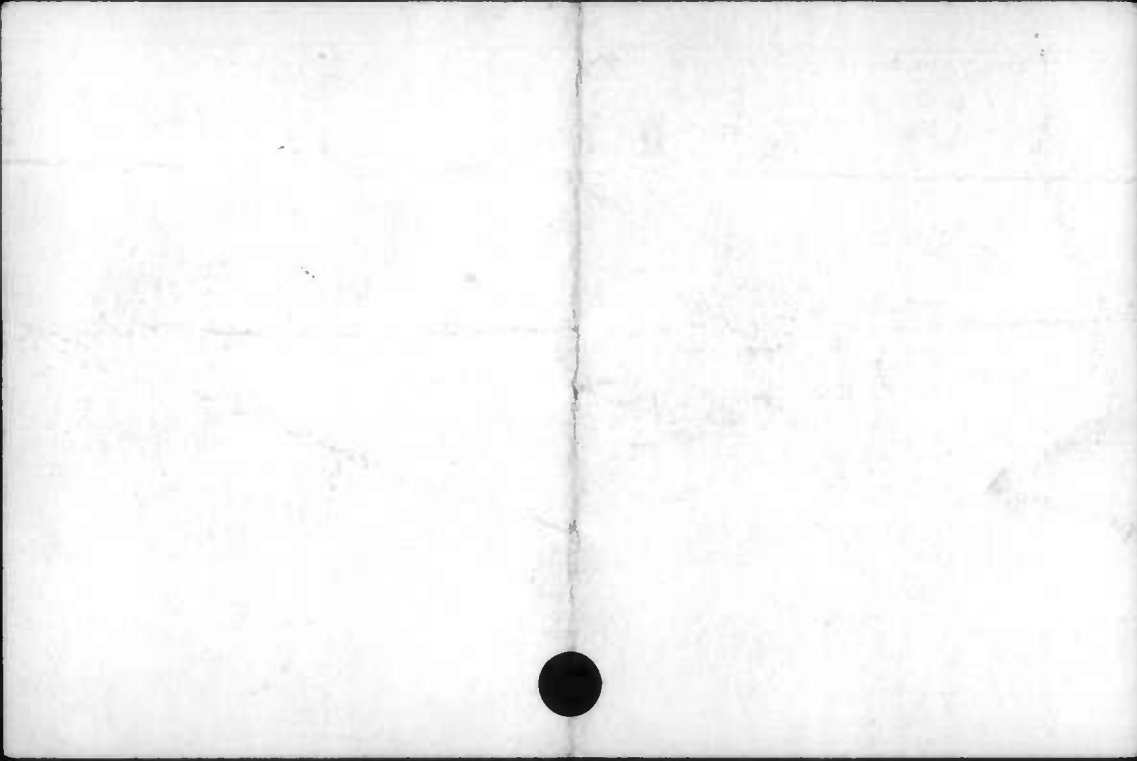
Address

*J. L. Higdon, Napsich*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
FullRachel Ann Elz. Smoot  
Town County

## CERTIFICATE OF DEATH

MARYLAND

Died at Bel Alton

Charles

Date

of death

1909

Month

Sep

Day

22

Age

3

Months

1

Days

7

Sex

Female

Color or  
Race

African

Birth-  
place

Charles Co

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John U. Smoot

Father's  
Birthplace

Charles Co

Mother's  
Meiden Name

Rachel Ann Elz Turner

Mother's  
Birthplace

Charles Co

Name of person giving  
Information

Rachel A. E. Smoot

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Acute Indigestion

How long

6 hours

Immediate

Spasm

How long

5 minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

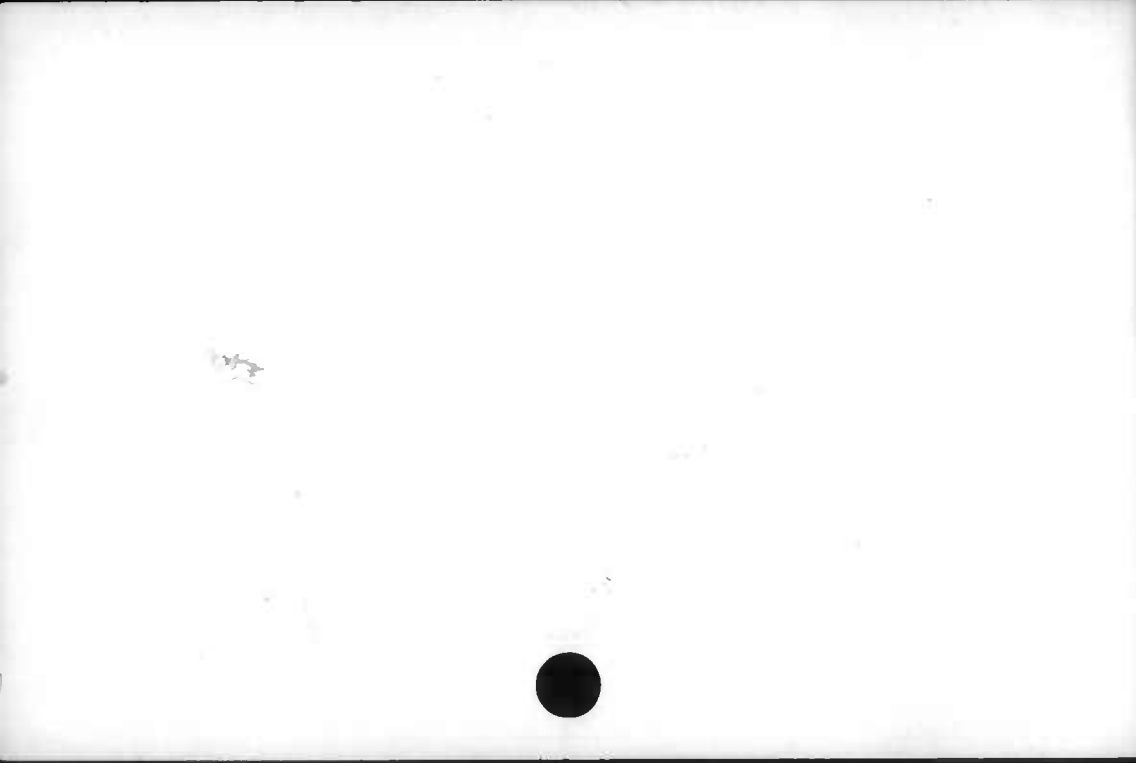
J. H. H. H.

Bel Alton

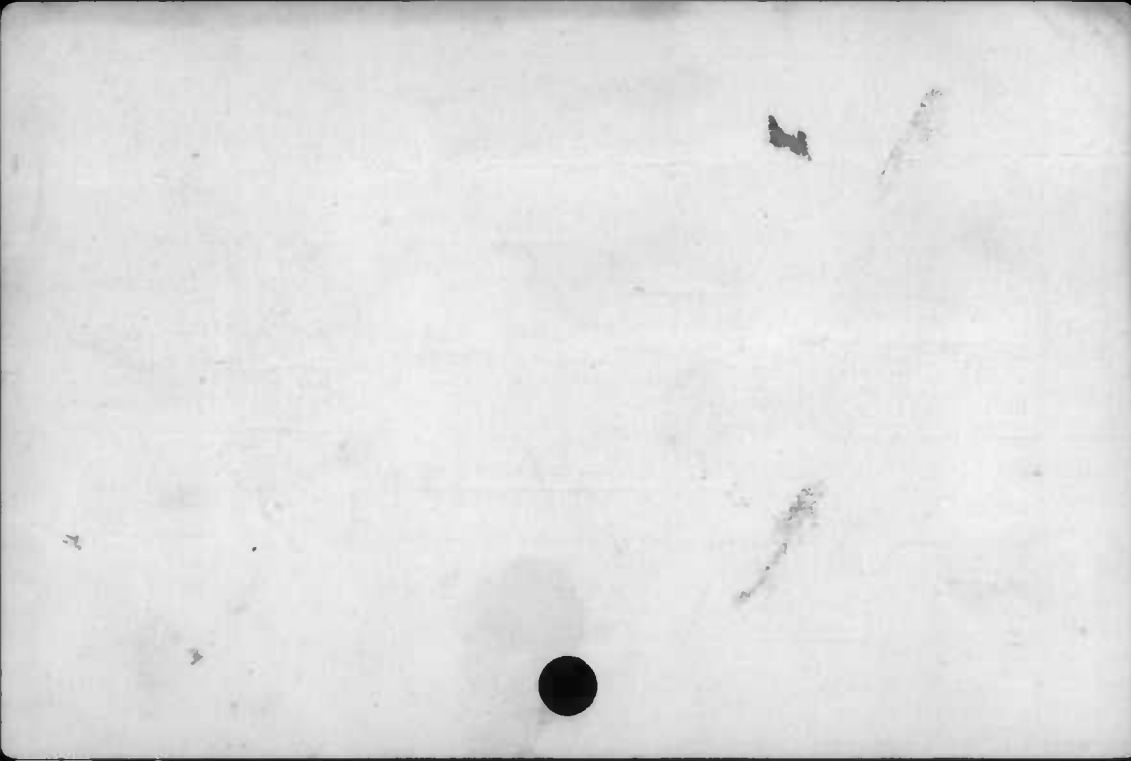
Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH	
W. A. Thomas				Charles		MARYLAND	
Died at							
Date of death		Month	Day	Years	Months	Days	
1909		Sept.	30 <sup>th</sup>	Age 72	not from	not from	
Sex		Color or Race		Birth-place			
Male		Colored		Unknown			
Occupation		Where Residing if not at place of death					
Farmer		Charles Les w side					
Married, Single or Widowed		Name of Wife or Husband					
Married		Elizabeth Thomas					
Father's Name		Father's Birthplace					
William W. Thomas		Albany					
Mother's Maiden Name		Mother's Birthplace					
Aggie Crake		Unknown					
Name of person giving information		How related to deceased					
Dorance E. Thomas		Sister					
CAUSES OF DEATH							
Primary		How long					
Chr. Brights Disease		Seven mos.					
Immediate		How long					
Cordiac failure							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		R. D. Lough					
No		Address					
		Newburg, Ind.					
Accident or Suicide?							





Name  
in  
Full

CERTIFICATE OF DEATH

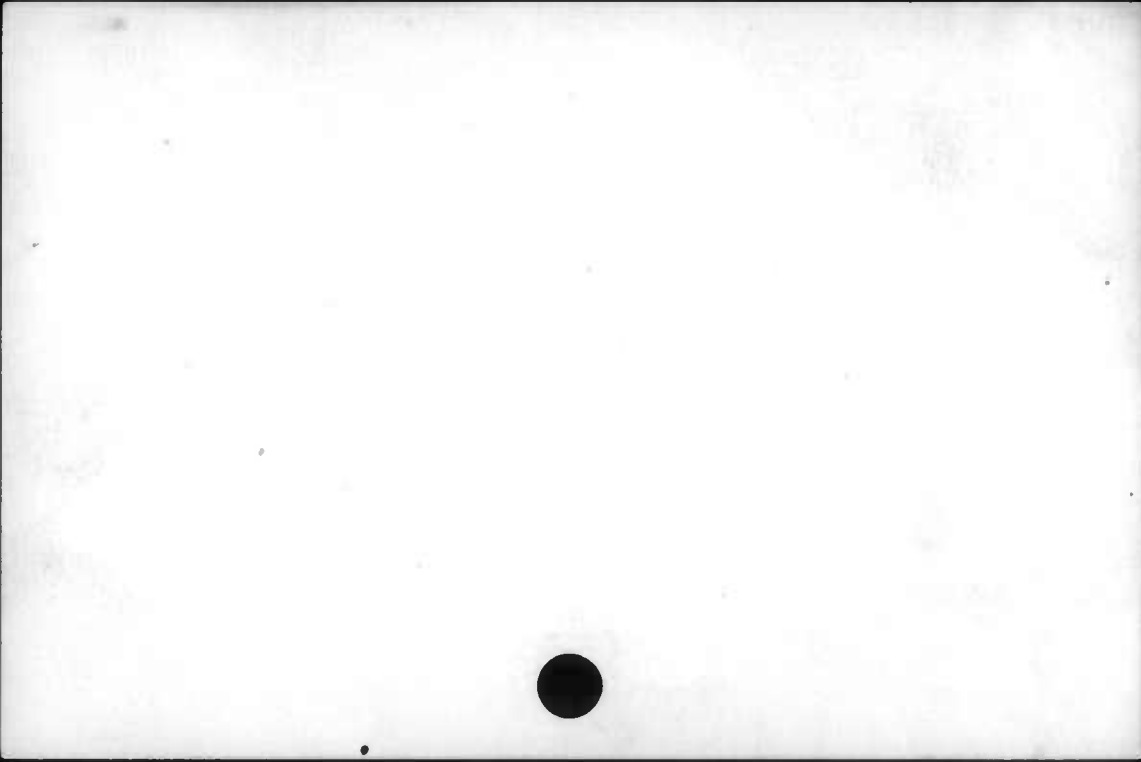
TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Thompson* Town *Waldorf* County *Le. Harbo*  
Died at  
Date of death 1909 *Sept 7* Day *8* Age *64* Months *—* Days *—*  
Sex *Male* Color or Race *White* Birth-place *Md*  
Occupation *clerk* Where Residing if not at place of death *—*  
Married, Single or Widowed *Married* Name of Wife or Husband *Clothe Dyer*  
Father's Name *John L. Thompson* Father's Birthplace *Ind*  
Mother's Maiden Name *Jane L. Downs* Mother's Birthplace *Md*  
Name of person giving Information *Robt. Edwards* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chalazomphitis* How long *Five years*  
Immediate *angiocarditis* How long *Two weeks*  
Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *E. O. Womron* Address *Waldorf*  
Accident or Suicide *No*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Clarence Tucker*  
Town *Hill Top* County *Charles*  
Died at

MARYLAND

Date of death *1909 Sep 18* Age *11*  
Month Year Months Days

Sex *Male* Color or Race *Colored* Birth-place *Charles Co. Md.*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Daniel Tucker* Father's Birthplace *Charles Co. Md.*

Mother's Maiden Name *Nadie Dodson* Mother's Birthplace *" "*

Name of person giving Information *Alec. Ward* How related to deceased *Niece*

CAUSES OF DEATH

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Primary *Kicked in abdomen by calf*  
*Traumatic Peritonitis*  
*Intestinal Hemorrhage*  
Immediate

How long *1 yr.*  
How long *Unknown*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. C. Bicknell*  
Address *Pisgah, Md.*

PHYSICIAN  
OR CORONER

Accident or Suicide *Accident.*

W. F. Brawner

San Rey